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## BIB DATA SHEET

CONFIRMATION NO. 5019

<b>SERIAL NUMBER</b> 10/699,971	<b>FILING or 371(c) DATE</b> 11/03/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 5434-8	
<b>APPLICANTS</b> Jamie Crawford, New York, NY; Frank Francavilla, Branchville, NJ; Roger Groskopf, Saddle Brook, NJ; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/04/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /ELIZABETH MACNEILL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> COHEN, PONTANI, LIEBERMAN & PAVANE LLP 551 FIFTH AVENUE SUITE 1210 NEW YORK, NY 10176 UNITED STATES					
<b>TITLE</b> Safety shield system for a syringe					
<b>FILING FEE RECEIVED</b> 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		